

Annual Application for Inclusion/Re-Certification on the Court Annexed Mediation Directory

Applicant's Name: _____

E-mail: _____ MS Bar # _____

I hereby make application for inclusion or re-certification on the Directory of Court Annexed Mediators and certify as follows:

1. (Check one)

Inclusion: _____

I am applying for inclusion on the List for the first time and I have taken an initial course of at least 14 hours of mediation related training, approved by the MS Commission on CLE; and understand that in order to remain on the List, I must complete at an additional six (6) hours of mediation related continuing education every two (2) year period following my initial inclusion on the List. My 14 hours of training was completed at:

CLE provider name

Date

Re-Certification: _____

I am a current member and am recertifying/paying my annual fee. I acknowledge that I must obtain six (6) hours of mediation approved credits every two (2) years. My most recent training was completed at:

CLE provider name

Date

Hours

2. _____ I am a member in good standing of The Mississippi Bar

3. _____ I am familiar with and will adhere to the Court Annexed Mediation Rules of Civil Litigation

So certified this the _____ day of _____, 20____.

Applicant's Signature

Please return this form along with your \$50.00 payment to:

The Mississippi Bar
ADR Directory
P.O. Box 2168
Jackson, MS 39225-2168